

# **LHD Suggested Protocol for Approving Provider VFC Vaccine Orders Using Supporting Documents**

Currently VFC has two tiers for data submission:

- VFC Providers to LHDs
- LHDs to MDCH

LHDs have the responsibility to collect all supporting documents at the time a provider places an order, review the documents and approve the order. This must be done before the order is filled at the local depot or sent to MDCH for processing.

This document offers LHD guidance for reviewing documents needed to place a vaccine order.

## **Section 1 - Temperature Logs**

LHD reviews all temperature logs from the last vaccine order.

### **Overview of temperature log:**

- ✓ Name of facility, VFC PIN # and unit indicated on each log
- ✓ Initials of who recorded temps are present for all temps.
- ✓ Times of temperatures recorded.
- ✓ For freezer temps, must record actual temps, not just <3 or an x in that box.

### **Temperatures Recorded on Log:**

- ✓ Check to see if all temps are recorded
- ✓ Check to see if all temps are within proper temperature range
- ✓ If any temps are missing, is there documentation to explain why?:  
(example, office closed for holiday)

(Continued on page 2)

### Temperatures Recorded on Log (continued):

- ✓ If any temps are out of range, is there documentation to explain what was done and additional temps recorded to show back to normal range? (Example, Temp 56 at 10:00am, doing inventory, door shut at 10:08am. Temp 50 at 10:15am. Temp at 45 at 10:30am.) This means if the temp at the time it was taken was out of range, but they were in the unit doing inventory, unpacking shipment or some brief explanation, it is okay to approve as long as they documented the temp back in normal range in less than 30 minutes.
- ✓ If log has temps out of range and missing documentation of actions taken, then **hold order** and ask for documentation or reasons for lack of. Next, determine if vaccines are viable, call manufacturers if indicated and assess for possible vaccine loss.
- ✓ If vaccine is viable, educate provider on temp issues, offer INE session and monitor temp logs every week for one month, or per LHD protocol.

### Calibration: (Included for those larger provider offices who have more than one monitoring device)

- ✓ If the agency has more than one thermometer in the same unit, it would be advantageous to calibrate once a week, to assure accuracy of instruments. This is not required for providers, but considered best practice.
- ✓ Calibration should be done weekly, recording all temperature devices, with each temp labeled to identify each device. Temps must be compared to the certified thermometer and calibrated based on that temperature. Temps of all devices must be within 3 degrees of the certified thermometer. If they are not, those devices that are out of range must be adjusted to the certified temperature. (Example, Calibration: Dickson 40, Frio certified 36. The Dickson adjusted to 36 degrees, T. Adams, RN 1/14/09 @8:08am.)

## Section 2 - Doses Administered Reports (DAR)

LHD reviews Doses Administered Reports from last order to current order being placed. Providers on the NEW VIM should be on the new tiered ordering frequency schedule and only submit an order with supporting documents on their assigned schedule.

### Doses Administered Report (from MCI R)

- ✓ Be sure dates on DAR(s) cover period from last order to current order
- ✓ Make sure it is VFC (public) DAR that you are reviewing.

(Continued on page 3)

### Doses Administered Report (from MCIR) (continued)

- ✓ Assess report for accurate number of doses administered compared to ending inventory report (Example: Used 20 doses of MMR from inventory on VFC eligible kids, DAR should show 20 doses given to 1 through 18 yrs of age) If not, question use and educate.
- ✓ Are all doses given to age appropriate groups? (Example: DTaP only given to less than 7 yrs of age) If not, question use and educate.
- ✓ Do the numbers in DAR compare to the number of kids being served by provider based on their annual profile or MCIR doses administered reports.
- ✓ Check to make sure only those who are enrolled in adult programs (FQHC) have doses administered to adults on the DAR. LHDs should have enrollments and know who can be administering adult vaccines.

### **Section 3 - Ending Inventory Reports (EIR)**

LHD reviews all columns for all vaccines (refer to MCIR definitions for EIR column titles and the VFC 'Transfer out' Tip Sheet for more information on EIR report)

#### Ending Inventory Report (MCIR report generated by provider)

- ✓ Be sure dates on the EIR covers entire period since last order
- ✓ Be sure the correct PIN # is on the report.
- ✓ Be sure you are reviewing VFC inventory.
- ✓ Focus on expiration dates and discuss soon to expire vaccine options.
- ✓ Review the numbers in each column to determine how provider is entering information into VIM and utilizing vaccines – review 'transfer out' column, LWB column, etc. Please refer to the VFC Tip Sheet on using "Transfer Out" and the MCIR Tip Sheet on EIR column definitions.
- ✓ If you find vaccines other than those provided by VFC (Rabies, Typhoid, etc.), question data entry.
- ✓ Does the doses administered section of the EIR reflect the number of doses on the DAR?
- ✓ If the provider office balances more frequently than one time between orders, then it is necessary to view all ending inventory reports for the time period and compare to the VFC Doses Administered Report(s) run for that same time period.

(Continued on page 4)

## **Section 4 - Vaccine order form**

LHD ensures that information on the Vaccine Order Form is accurate.

### **Vaccine Order Form (Paper or Electronic)**

- ✓ Make sure the date on the order form is correct.
- ✓ Make sure the VFC PIN # is correct, address and contact information is correct, and clinic hours are complete and as known by LHD.
- ✓ Vaccine order should be based on their TOF with an additional vaccine supply to accommodate order processing time. (If the assigned TOF is not working for provider, lack of storage, change in storage capacity, etc., contact VFC for possible change in TOF)
- ✓ Order has been assessed for appropriate amounts of vaccine based on information from the Doses Administered Report and Ending Inventory Report.

Example: Doses Administered Report shows average of 20 doses Tdap given per month, has 60 doses on hand, orders monthly, and wanted to order 20 doses because that is what they used this month. This provider has 3 months supply on hand (60 doses), and should not order Tdap until down to 40 doses or less.

- ✓ Educate provider on how to calculate the correct amount of vaccine to order as needed. Consider special circumstances such as back-to-school clinics or times of heavier vaccine use.
- ✓ Consider plan in which provider, who is ordering by fax, otherwise alerts LHD to submission of an order (when e-ordering is operational, this will no longer be needed) in order to avoid LHD missing a provider's order due to fax problems. Also consider a plan to let providers know that their order has been placed.
- ✓ Create a log which shows order information with columns such as: Name/PIN of provider, Date order received, Receipt of all supporting documentation, Submission date of order, communications with provider about issues and/or submission of order to MDCH, Date order received, Problems with order, etc.

This document describes the minimal requirements for document submission. An LHD may decide to require monthly submission of supporting documents for those providers who are on a less frequent ordering schedule, have issues with temperature monitoring, trouble balancing inventories, or issues with over and under ordering vaccine supplies. MDCH will support this decision based on the causes of concern.